FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB Number:	3235-0287
	Estimated average burden	
ı	hours per response:	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Cole Henry			2. Issuer Name and Ticker or Trading Symbol Global Medical REIT Inc. [ GMRE ]		onship of Reporting Person(s) in applicable) Director	to Issuer				
(Last) (First) (Middle)		,	3. Date of Earliest Transaction (Month/Day/Year) 05/10/2023		Officer (give title below)	Other (specify below)				
7373 WISCONSIN AVENUE, SUITE 800		E 800	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BETHESDA MD 20814		20814		X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
DETTIESDA WID 20014		20014	Rule 10b5-1(c) Transaction Indication							
(City) (State) (Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (In 8)		4. Securities Ad Disposed Of (D			Securities	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price			(Instr. 4)

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (In 8)		n Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
LTIP Unit (Right to Buy) <sup>(1)</sup>	(2)	05/10/2023		A		8,903		(2)	(2)	Common Stock	8,903	\$0	34,692	D	

### Explanation of Responses:

- 1. Represents units of limited partnership interest ("LTIP Units") in Global Medical REIT L.P. (the "OP"), the operating partnership of the Issuer. All of the LTIP Units vest on May 10, 2024, subject to the Reporting Person's continued service as a director on such date. The LTIP Units were awarded pursuant to an LTIP Unit vesting agreement, the form of which was filed as Exhibit 10.3 to the Issuer's Quarterly Report on Form 10-Q filed on May 7, 2021. The LTIP Units were issued pursuant to the Issuer's 2016 Equity Incentive Plan (as amended from time to time) and have no expiration date.
- 2. As described in the OP's partnership agreement, vested LTIP Units that have achieved capital account parity may be exchanged at any time after vesting for cash or, at the election of the Issuer, for shares of Common Stock on a one-for-one basis. LTIP Units have no expiration date.

/s/ Jamie Barber, as Attorney-in-Fact

\*\* Signature of Reporting Person

Date

05/10/2023

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.